

BEST AVAILABLE COPY

26995

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POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	LD		16-26-21
CLP.E. CLASSIFIER			
FORMALITY REVIEW	HA ML	572	11-27-21
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

- | | | |
|------------|---|--------------|
| Registered | M | Non-extended |
| Admitted | I | Interference |
| Cancelled | A | Appeal |
| Rectified | O | Objected |

Claim	Date	Claim	Date	Claim	Date
1		1		1	
2		2		2	
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If more than 100 claims or 10 actions
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